

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

FEB 12 1999

IOWA FAMILY LEGISLATIVE CENTER
INC
C/O HARRY ELDER
6611 NE RISING SUN DRIVE
DES MOINES, IA 50317

Employer Identification Number:

42-1469051

DLN:

17053331021018

Contact Person:

ELLIOT H CHO

ID# 31372

Contact Telephone Number:

(877) 829-5500

Internal Revenue Code

Section 501(c)(4)

Accounting Period Ending:

December 31

Form 990 Required:

Yes

Addendum Applies:

No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in the section indicated above.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay \$100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter. If you have any questions about excise, employment, or other Federal taxes, please address them to this office.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for

Letter 948 (DO/CG)

e.c 7/3/99

024 9800

IOWA FAMILY LEGISLATIVE CENTER

the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, any supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$20 per day each day there is a failure to comply (up to a maximum of \$10,000 in the case of an annual return).

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Donors may not deduct contributions to you because you are not an organization described in section 170(c) of the Code. Under section 6113, any fundraising solicitation you make must include an express statement (in a conspicuous and easily recognizable format) that contributions or gifts to you are not deductible as charitable contributions for Federal income tax purposes. This provision does not apply, however, if your annual gross receipts are normally \$100,000 or less, or if your solicitations are made to no more than ten persons during a calendar year. The law provides penalties for failure to comply with this requirement, unless failure is due to reasonable cause.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status, you should keep it in your permanent records.

Letter 948 (LO/CG)

024-0001

-3-

IOWA FAMILY LEGISLATIVE CENTER

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

C. Arthur Hall

District Director

Letter 948 (DO/CG)

024 0002

Form **8718**(Rev. January 1997)
Department of the Treasury
Internal Revenue Service**User Fee for Exempt Organization
Determination Letter Request**▶ Attach this form to determination letter application.
(Form 8718 is NOT a determination letter application.)

For IRS Use Only

Control number

Amount paid

User fee screener

1 Name of organization

IOWA FAMILY LEGISLATIVE CENTER

2 Employer Identification Number

42-1469051

Caution: Do not attach Form 8718 to an application for a pension plan determination letter. Use Form 8717 instead.

3 Type of request

Fee

a ☐ Initial request for a determination letter for:

- An exempt organization that has had annual gross receipts averaging not more than \$10,000 during the preceding 4 years, or
- A new organization that anticipates gross receipts averaging not more than \$10,000 during its first 4 years ▶

\$150

Note: If you checked box 3a, you must complete the Certification below.

Certification

I certify that the annual gross receipts of

name of organization

have averaged (or are expected to average) not more than \$10,000 during the preceding 4 (or the first 4) years of operation.

Signature ▶

Harmon Elden

Title ▶

*Treasurer*b ☒ Initial request for a determination letter for:

- An exempt organization that has had annual gross receipts averaging more than \$10,000 during the preceding 4 years, or
- A new organization that anticipates gross receipts averaging more than \$10,000 during its first 4 years ▶

\$465

c ☐ Group exemption letters

\$500

Instructions

The law requires payment of a user fee with each application for a determination letter. The user fees are listed on line 3 above. For more information, see Rev. Proc. 97-8, 1997-1 I.R.B. 187.

Check the box on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the certification statement that appears under line 3a.

Attach to Form 8718 a check or money order payable to the Internal Revenue Service for the full amount of the user fee. If you do not include the full amount, your application will be returned. Attach Form 8718 to your determination letter application.

To avoid delays, send the determination letter application and Form 8718 to the applicable IRS address shown below. Use the address below even if a different address appears in another form or publication.

If the organization is in

Send fee and request for determination letter to

Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont

Internal Revenue Service
EP/EO Division
P. O. Box 1880, GPO
Brooklyn, NY 11202

Alaska, California, Hawaii, Idaho, Nevada, Oregon, Washington

Internal Revenue Service
EO Application
EP/EO Division
McCaslin Industrial Park
2 Cupanis Circle
Montclair Park, CA
91755-7408

Any state not listed above, a U.S. possession, or a foreign country

Internal Revenue Service
P. O. Box 182
Covington, KY
41012-0182

Attach Check or Money Order Here

POSTMARK

NOV 21 '98

RECEIVED

NOV 24 '98

CINCINNATI
SERVICE CENTER

ISA

STF FED-8006F

Form 8718 (Rev. 1-97)

1705333|0210|
Application for Recognition of Exemption
Under Section 501(a)

OMB No. 1545-0057

If exempt status is approved,
this application will be open
for public inspection.

Read the instructions for each Part carefully.

A User Fee must be attached to this application

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to the organization.

Complete the Procedural Checklist on page 5 of the instructions.

Part I. Identification of Applicant (Must be completed by all applicants; also complete appropriate schedule.)

Submit only the schedule that applies to your organization. Do not submit blank schedules.

Check the appropriate box below to indicate the section under which the organization is applying:

- a ☐ Section 501(c)(2) - Title holding corporations (Schedule A, page 7)
- b ☒ Section 501(c)(4) - Civic leagues, social welfare organizations (including certain war veterans' organizations), or local associations of employees (Schedule B, page 8)
- c ☐ Section 501(c)(5) - Labor, agricultural, or horticultural organizations (Schedule C, page 9)
- d ☐ Section 501(c)(6) - Business leagues, chambers of commerce, etc. (Schedule C, page 9)
- e ☐ Section 501(c)(7) - Social clubs (Schedule D, page 11)
- f ☐ Section 501(c)(8) - Fraternal beneficiary societies, etc., providing life, sick, accident, or other benefits to members (Schedule E, page 13)
- g ☐ Section 501(c)(9) - Voluntary employees' beneficiary associations (Parts I through IV and Schedule F, page 14)
- h ☐ Section 501(c)(10) - Domestic fraternal societies, orders, etc., not providing life, sick, accident, or other benefits (Schedule E, page 13)
- i ☐ Section 501(c)(12) - Benevolent life insurance associations, mutual ditch or irrigation companies, mutual or cooperative telephone companies, or like organizations (Schedule G, page 15)
- j ☐ Section 501(c)(13) - Cemeteries, crematoria, and like corporations (Schedule H, page 16)
- k ☐ Section 501(c)(15) - Mutual insurance companies or associations, other than life or marine (Schedule I, page 17)
- l ☐ Section 501(c)(17) - Trusts providing for the payment of supplemental unemployment compensation benefits (Parts I through IV and Schedule J, page 18)
- m ☐ Section 501(c)(19) - A post, organization, auxiliary unit, etc., of past or present members of the Armed Forces (Schedule K, page 19)
- n ☐ Section 501(c)(25) - Title holding corporations or trusts (Schedule A, page 7)

1a Full name of organization (as shown in organizing document) IOWA FAMILY LEGISLATIVE CENTER		2 Employer identification number (EIN) (if none, see Specific Instructions on page 2) 42-1469051
1b c/o Name (if applicable) C/O HARRY ELDER		3 Name and telephone number of person to be contacted if additional information is needed ANGELA REED (515) 282-0200
1c Address (number and street) 6611 NE RISING SUN DRIVE	Room/Suite	
1d City or town, state, and ZIP code DES MOINES IA 50317		
4 Month the annual accounting period ends DECEMBER	5 Date incorporated or formed 12-31-97	6 Activity codes (see back cover) 480

7 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? ☐ Yes ☒ No
If "Yes," attach an explanation.

8 Has the organization filed Federal income tax returns or exempt organization information returns? ☐ Yes ☒ No
If "Yes," state the form numbers, years filed, and Internal Revenue office where filed.

9 Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING.

- a ☒ Corporation - Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also attach a copy of the bylaws.
- b ☐ Trust - Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.
- c ☐ Association - Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence that the organization was formed by adoption of the document by more than one person. Also include a copy of the bylaws.

If this is a corporation or an unincorporated association that has not yet adopted bylaws, check here ☐

PLEASE
SIGN
HERE

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization, and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

(Signature)

(Title or authority of signer)

(Date)

ISA

Application for Recognition of Exemption
Under Section 501(a)

OMB No. 1545-0057

If exempt status is approved,
this application will be open
for public inspection.

Read the instructions for each Part carefully.

A User Fee must be attached to this application.

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to the organization.

Complete the Procedural Checklist on page 5 of the instructions.

Part I. Identification of Applicant (Must be completed by all applicants; also complete appropriate schedule.)
Submit only the schedule that applies to your organization. Do not submit blank schedules.

Check the appropriate box below to indicate the section under which the organization is applying:

- a ☐ Section 501(c)(2) - Title holding corporations (Schedule A, page 7)
b ☒ Section 501(c)(4) - Civic leagues, social welfare organizations (including certain war veterans' organizations), or local associations of employees (Schedule B, page 8)
c ☐ Section 501(c)(5) - Labor, agricultural, or horticultural organizations (Schedule C, page 9)
d ☐ Section 501(c)(6) - Business leagues, chambers of commerce, etc. (Schedule C, page 9)
e ☐ Section 501(c)(7) - Social clubs (Schedule D, page 11)
f ☐ Section 501(c)(8) - Fraternal beneficiary societies, etc., providing life, sick, accident, or other benefits to members (Schedule E, page 13)
g ☐ Section 501(c)(9) - Voluntary employees' beneficiary associations (Parts I through IV and Schedule F, page 14)
h ☐ Section 501(c)(10) - Domestic fraternal societies, orders, etc., not providing life, sick, accident, or other benefits (Schedule E, page 13)
i ☐ Section 501(c)(12) - Benevolent life insurance associations, mutual ditch or irrigation companies, mutual or cooperative telephone companies, or like organizations (Schedule G, page 15)
j ☐ Section 501(c)(13) - Cemeteries, crematoria, and like corporations (Schedule H, page 16)
k ☐ Section 501(c)(15) - Mutual insurance companies or associations, other than life or marine (Schedule I, page 17)
l ☐ Section 501(c)(17) - Trusts providing for the payment of supplemental unemployment compensation benefits (Parts I through IV and Schedule J, page 18)
m ☐ Section 501(c)(19) - A post, organization, auxiliary unit, etc., of past or present members of the Armed Forces of the United States (Schedule K, page 19)
n ☐ Section 501(c)(25) - Title holding corporations or trusts (Schedule A, page 7)

1a Full name of organization (as shown in organizing document)

IOWA FAMILY LEGISLATIVE CENTER

2 Employer identification number (EIN) (if none, see Specific Instructions on page 2)
42-1469051

1b c/o Name (if applicable)

C/O HARRY ELDER

3 Name and telephone number of person to be contacted if additional information is needed

1c Address (number and street)

6611 NE RISING SUN DRIVE

Room/Suite

ANGELA REED

1d City or town, state, and ZIP code

DES MOINES IA 50317

(515) 282-0200

4 Month the annual accounting period ends
DECEMBER

5 Date incorporated or formed
12-31-97

6 Activity codes (see back cover)
480

7 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? ☐ Yes ☒ No
If "Yes," attach an explanation.

8 Has the organization filed Federal income tax returns or exempt organization information returns? ☐ Yes ☒ No
If "Yes," state the form numbers, years filed, and Internal Revenue office where filed.

9 Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING.

- a ☒ Corporation- Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also attach a copy of the bylaws.
b ☐ Trust- Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.
c ☐ Association- Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence that the organization was formed by adoption of the document by more than one person. Also include a copy of the bylaws.

If this is a corporation or an unincorporated association that has not yet adopted bylaws, check here ☐

PLEASE
SIGN
HERE

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization, and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

(Signature)

Certified Public Accountant or authority of signer

(Date)

DES MOINES, IOWA

January 19, 1999

Internal Revenue Service
EP/EO, P.O. box 2508
Cincinnati, OH 45201

Attention: Elliot Cho

RE: Iowa Family Legislative Center
By-Law

The organization, Iowa Family Legislative Center, does not have by-laws..

Sincerely,

A handwritten signature in cursive script, appearing to read "Harry W. Elder".

Harry Elder, Treasurer
Iowa Family Legislative Center

024 0006

Part II. Activities and Operational Information (Must be completed by all applicants)

- 1 Provide a detailed narrative description of all the activities of the organization—past, present and planned. Do not merely refer to or repeat the language in the organizational document. List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

DEVELOP, ADVOCATE, AND SUPPORT LEGISLATIVE AGENDA AT THE STATE LEVEL WITH THE ULTIMATE GOAL OF SUPPORTING CHRISTIAN FAMILY VALUES - 100%. THIS WILL SPECIFICALLY INCLUDE PROPOSING LEGISLATION AT THE STATE LEVEL BY THE LOBBYIST FOR IOWA FAMILY POLICY CENTER WHILE THE IOWA LEGISLATURE IS IN SESSION FROM APPROXIMATELY MID JANUARY TO MID APRIL EACH YEAR. DURING THE REST OF THE YEAR WE WILL BE DEVELOPING THOSE ISSUES IN THE AREA OF PUBLIC EDUCATION AND INFORMATION IN ORDER TO SPECIFICALLY WRITE LEGISLATION TO BE BROUGHT BEFORE THE HOUSE AND SENATE OF THE IOWA LEGISLATURE. THIS WILL BE DONE BY GAINING VIEWS OF THOSE INDIVIDUALS WHO SUPPORT OUR ORGANIZATION.

- 2 List the organization's present and future sources of financial support, beginning with the largest source first.

DONATIONS

Part II. Activities and Operational Information (continued)

3 Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.	b Annual compensation
EUGENE CHERNY, 500 S 26TH STREET, WEST DES MOINES, IA RUTH CHERNY, 500 S 26TH STREET, WEST DES MOINES, IA HARRY ELDER, 6611 NE RISING SUN DRIVE, DES MOINES, IA NANCY ELDER, 6611 NE RISING SUN DRIVE, DES MOINES, IA DEAN LAUTERBACH, 910 S 6TH AVE WEST, NEWTON, IA JUDY LAUTERBACH, 910 S 6TH AVE WEST, NEWTON, IA RANDALL TABER, 1228 W WASHINGTON, WINTERSET, IA GWEN TABER, 1228 W WASHINGTON, WINTERSET, IA TODD TROLL, 10006 TANGLEWOOD DR, URBANDALE, IA MARY TROLL, 10006 TANGLEWOOD DR, URBANDALE, IA GREGORY TUCKER, 3450 EAGLE POINT, JOHNSTON, IA SEE STATEMENT #1	

4 If the organization is the outgrowth or continuation of any form of predecessor, state the name of each predecessor, the period during which it was in existence, and the reasons for its termination. Submit copies of all papers by which any transfer of assets was effected.

N/A

5 If the applicant organization is now, or plans to be, connected in any way with any other organization, describe the other organization and explain the relationship (e.g., financial support on a continuing basis; shared facilities or employees; same officers, directors, or trustees).

SHARE FACILITIES WITH IOWA FAMILY POLICY CENTER.
 SHARE BOARD MEMBERS WITH IOWA FAMILY POLICY CENTER.

6 If the organization has capital stock issued and outstanding, state: (1) class or classes of the stock; (2) number and par value of the shares; (3) consideration for which they were issued; and (4) if any dividends have been paid or whether your organization's creating instrument authorizes dividend payments on any class of capital stock.

NO

7 State the qualifications necessary for membership in the organization; the classes of membership (with the number of members in each class); and the voting rights and privileges received. If any group or class of persons is required to join, describe the requirement and explain the relationship between those members and members who join voluntarily. Submit copies of any membership solicitation material. Attach sample copies of all types of membership certificates issued.

NOT A MEMBERSHIP ORGANIZATION

8 Explain how your organization's assets will be distributed on dissolution.
 TO A COMPARABLE 501(C)4 ORGANIZATION, STATE, FEDERAL OR LOCAL GOVERNMENT
 OR AS DISPOSED OF BY THE COURTS

Part II. Activities and Operational Information (continued)

3 Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.	b Annual compensation
EUGENE CHERNY, 500 S 26TH STREET, WEST DES MOINES, IA RUTH CHERNY, 500 S 26TH STREET, WEST DES MOINES, IA HARRY ELDER, 6611 NE RISING SUN DRIVE, DES MOINES, IA NANCY ELDER, 6611 NE RISING SUN DRIVE, DES MOINES, IA DEAN LAUTERBACH, 910 S 6TH AVE WEST, NEWTON, IA JUDY LAUTERBACH, 910 S 6TH AVE WEST, NEWTON, IA RANDALL TABER, 1228 W WASHINGTON, WINTERSSET, IA GWEN TABER, 1228 W WASHINGTON, WINTERSSET, IA TODD TROLL, 10006 TANGLEWOOD DR, URBANDALE, IA MARY TROLL, 10006 TANGLEWOOD DR, URBANDALE, IA GREGORY TUCKER, 3450 EAGLE POINT, JOHNSTON, IA SEE STATEMENT #1	There is no compensation for any board member

4 If the organization is the outgrowth or continuation of any form of predecessor, state the name of each predecessor, the period during which it was in existence, and the reasons for its termination. Submit copies of all papers by which any transfer of assets was effected.

N/A

5 If the applicant organization is now, or plans to be, connected in any way with any other organization, describe the other organization and explain the relationship (e.g., financial support on a continuing basis; shared facilities or employees; same officers, directors, or trustees).

SHARE FACILITIES WITH IOWA FAMILY POLICY CENTER.
 SHARE BOARD MEMBERS WITH IOWA FAMILY POLICY CENTER.

6 If the organization has capital stock issued and outstanding, state: (1) class or classes of the stock; (2) number and par value of the shares; (3) consideration for which they were issued; and (4) if any dividends have been paid or whether your organization's creating instrument authorizes dividend payments on any class of capital stock.

NO

7 State the qualifications necessary for membership in the organization; the classes of membership (with the number of members in each class); and the voting rights and privileges received. If any group or class of persons is required to join, describe the requirement and explain the relationship between those members and members who join voluntarily. Submit copies of any membership solicitation material. Attach sample copies of all types of membership certificates issued.

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8 Explain how your organization's assets will be distributed on dissolution.
TO A COMPARABLE 501(C)4 ORGANIZATION, STATE, FEDERAL OR LOCAL GOVERNMENT OR AS DISPOSED OF BY THE COURTS

024-0009

Part II. Activities and Operational Information (continued)

- 9 Has the organization made or does it plan to make any distribution of its property or surplus funds to shareholders or members? ☐ Yes ☒ No
If "Yes," state the full details, including: (1) amounts or value; (2) source of funds or property distributed or to be distributed; and (3) basis of, and authority for, distribution or planned distribution.
- 10 Does, or will, any part of your organization's receipts represent payments for services performed or to be performed? ☐ Yes ☒ No
If "Yes," state in detail the amount received and the character of the services performed or to be performed.
- 11 Has the organization made, or does it plan to make, any payments to its members or shareholders for services performed or to be performed? ☐ Yes ☒ No
If "Yes," state in detail the amount paid, the character of the services, and to whom the payments have been, or will be, made.
- 12 Does the organization have any arrangement to provide insurance for members, their dependents, or others (including provisions for the payment of sick or death benefits, pensions, or annuities)? ☐ Yes ☒ No
If "Yes," describe and explain the arrangement's eligibility rules and attach a sample copy of each plan document and each type of policy issued.
- 13 Is the organization under the supervisory jurisdiction of any public regulatory body, such as a social welfare agency, etc.? ☐ Yes ☒ No
If "Yes," submit copies of all administrative opinions or court decisions regarding this supervision, as well as copies of applications or requests for the opinions or decisions.
- 14 Does the organization now lease or does it plan to lease any property? ☒ Yes ☐ No
If "Yes," explain in detail. Include the amount of rent, a description of the property, and any relationship between the applicant organization and the other party. Also, attach a copy of any rental or lease agreement. (If the organization is a party, as a lessor, to multiple leases of rental real property under similar lease agreements, please attach a single, representative copy of the leases.) RENTAL OF OFFICE SPACE AT AN ESTIMATED \$2000 PER YEAR;
RENTAL NOT IN PLACE AT THE CURRENT TIME
- 15 Has the organization spent or does it plan to spend any money attempting to influence the selection, nomination, election, or appointment of any person to any Federal, state, or local public office or to an office in a political organization? ☐ Yes ☒ No
If "Yes," explain in detail and list the amounts spent or to be spent in each case.
- 16 Does the organization publish pamphlets, brochures, newsletters, journals, or similar printed material? ☐ Yes ☒ No
If "Yes," attach a recent copy of each.

024 0010

Part III. Financial Data (Must be completed by all applicants)

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

A. Statement of Revenue and Expenses

Revenue	(a) Current Tax Year	3 Prior Tax Years or Proposed Budget for Next 2 Years			(e) Total
	From 1-1-98 To 7-31-98	(b) 19 99	(c) 19 2000	(d) 19	
1 Gross dues and assessments of members					
2 Gross contributions, gifts, etc.	5553	20000	20000		45553
3 Gross amounts derived from activities related to the organization's exempt purpose (attach schedule) (include related cost of sales on line 9.)					
4 Gross amounts from unrelated business activities (attach schedule)					
5 Gain from sale of assets, excluding inventory items (attach schedule)					
6 Investment income (see page 3 of the instructions)					
7 Other revenue (attach schedule)					
8 Total revenue (add lines 1 through 7)	5553	20000	20000		45553
Expenses					
9 Expenses attributable to activities related to the organization's exempt purposes					
10 Expenses attributable to unrelated business activities					
11 Contributions, gifts, grants, and similar amounts paid (attach schedule)					
12 Disbursements to or for the benefit of members (attach schedule)					
13 Compensation of officers, directors, and trustees (attach schedule)					
14 Other salaries and wages	9692	12000	12000		33692
15 Interest					
16 Occupancy		2000	2000		4000
17 Depreciation and depletion					
18 Other expenses (attach schedule)	1779	2900	2900		7579
19 Total expenses (add lines 9 through 18)	11471	16900	16900		45271
20 Excess of revenue over expenses (line 8 minus line 19)	-5918	3100	3100		282

B. Balance Sheet (at the end of the period shown)

		Current Tax Year as of 7-31-98
Assets		
1 Cash	1	182
2 Accounts receivable, net	2	
3 Inventories	3	
4 Bonds and notes receivable (attach schedule)	4	
5 Corporate stocks (attach schedule)	5	
6 Mortgage loans (attach schedule)	6	
7 Other investments (attach schedule)	7	
8 Depreciable and depletable assets (attach schedule)	8	
9 Land	9	
10 Other assets (attach schedule)	10	
11 Total assets	11	182
Liabilities		
12 Accounts payable	12	
13 Contributions, gifts, grants, etc., payable	13	
14 Mortgages and notes payable (attach schedule)	14	6100
15 Other liabilities (attach schedule)	15	
16 Total liabilities	16	6100
Fund Balances or Net Assets		
17 Total fund balances or net assets	17	-5918
18 Total liabilities and fund balances or net assets (add line 16 and line 17)	18	182

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation ☐

IOWA FAMILY LEGISLATIVE CENTER
FORM 1024
#42-1469051

PART II, LINE 3A CONTINUED
STATEMENT #1

STACEY TUCKER, 3450 EAGLE POINT, JOHNSTON, IA
TIMOTHY VANDERPLOEG, 1101 BROOKVIEW DR, ALTOONA, IA
SHERRY VANDERPLOEG, 1101 BROOKVIEW DR, ALTOONA, IA
JERRY YONKER, 12021 NW 54TH AVE, GRIMES, IA 50111
FAYE YONKER, 12021 NW 54TH AVE, GRIMES, IA 50111

PART III, LINE 18
STATEMENT #2

OTHER EXPENSES

NAME	CURRENT YEAR	1999	2000
PAYROLL TAXES	899	1760	1760
BANK CHARGES	21	40	40
EXPENSE REIMB	85		
INSURANCE	454	500	500
OFFICE EXPENSE	108	100	100
POSTAGE	212	500	500
TOTAL	1779	2900	2900

024 0012

Schedule B: Organizations Described in Section 501(c)(4) (Civic leagues, social welfare organizations (including posts, councils, etc., of veterans' organizations not qualifying or applying for exemption under section 501(c)(19)) or local associations of employees.)

- 1 Has the Internal Revenue Service previously issued a ruling or determination letter recognizing the applicant organization (or any predecessor organization listed in question 4, Part II of the application) to be exempt under section 501(c)(3) and later revoked that recognition of exemption on the basis that the applicant organization (or its predecessor) was carrying on propaganda or otherwise attempting to influence legislation or on the basis that it engaged in political activity? ☐ Yes ☒ No

If "Yes," indicate the earliest tax year for which recognition of exemption under section 501(c)(3) was revoked and the IRS district office that issued the revocation.

- 2 Does the organization perform or plan to perform (for members, shareholders, or others) services, such as maintaining the common areas of a condominium; buying food or other items on a cooperative basis; or providing recreational facilities or transportation services, job placement, or other similar undertakings? ☐ Yes ☒ No

If "Yes," explain the activities in detail, including income realized and expenses incurred. Also explain in detail the nature of the benefits to the general public from these activities. (If the answer to this question is explained in Part II of the application (pages 2, 3, and 4), enter the page and item number here.)

- 3 If the organization is claiming exemption as a homeowners' association, is access to any property or facilities it owns or maintains restricted in any way? ☒ N/A ☐ No

If "Yes," explain.

- 4 If the organization is claiming exemption as a local association of employees, state the name and address of each employer whose employees are eligible for membership in the association. If employees of more than one plant or office of the same employer are eligible for membership, give the address of each plant or office.

N/A

Schedule B Organizations Described in Section 501(c)(4) (Civic leagues, social welfare organizations (including posts, councils, etc., of veterans' organizations not qualifying or applying for exemption under section 501(c)(19)) or local associations of employees.)

- 1 Has the Internal Revenue Service previously issued a ruling or determination letter recognizing the applicant organization (or any predecessor organization listed in question 4, Part II of the application) to be exempt under section 501(c)(3) and later revoked that recognition of exemption on the basis that the applicant organization (or its predecessor) was carrying on propaganda or otherwise attempting to influence legislation or on the basis that it engaged in political activity? ☐ Yes ☒ No

If "Yes," indicate the earliest tax year for which recognition of exemption under section 501(c)(3) was revoked and the IRS district office that issued the revocation.

- 2 Does the organization perform or plan to perform (for members, shareholders, or others) services, such as maintaining the common areas of a condominium; buying food or other items on a cooperative basis; or providing recreational facilities or transportation services, job placement, or other similar undertakings? ☐ Yes ☒ No

If "Yes," explain the activities in detail, including income realized and expenses incurred. Also explain in detail the nature of the benefits to the general public from these activities. (If the answer to this question is explained in Part II of the application (pages 2, 3, and 4), enter the page and item number here.)

- 3 If the organization is claiming exemption as a homeowners' association, is access to any property or facilities it owns or maintains restricted in any way? ☒ Yes ☒ No *How?*

If "Yes," explain.

- 4 If the organization is claiming exemption as a local association of employees, state the name and address of each employer whose employees are eligible for membership in the association. If employees of more than one plant or office of the same employer are eligible for membership, give the address of each plant or office.

N/A



No. W00168121
Date: 01/05/1998

SECRETARY OF STATE

504ADN-000213229

IOWA FAMILY LEGISLATIVE CENTER, INC.

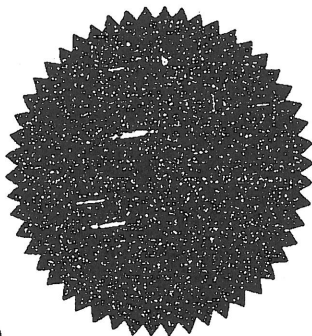
CERTIFICATE OF INCORPORATION

IOWA FAMILY LEGISLATIVE CENTER, INC.

has filed articles of incorporation in this office and is hereby authorized to transact business as a corporation under the provisions of Iowa Code chapter 504A.

The document was filed on December 31, 1997, at 11:18 AM, to be effective as of December 31, 1997, at 11:18 AM.

The amount of \$20.00 was received in full payment of the filing fee.



Paul D. Pate

SECRETARY OF STATE



002460045

**ARTICLES OF INCORPORATION
OF
IOWA FAMILY LEGISLATIVE CENTER**

**AN IOWA CORPORATION
NOT FOR PROFIT**

KNOW ALL MEN BY THESE PRESENTS that I Harry W. Elder of 6611 N. E. Rising Sun Road, Des Moines, Iowa 50317 acting as Incorporator do hereby establish Iowa Family Legislative Center, Inc. as a corporation not for profit pursuant to Chapter 504A of the 1995 Code of Iowa as follows:

**ARTICLE I
NAME**

The name of the corporation is Iowa Family Legislative Center, Inc. and is incorporated as a corporation not for profit pursuant to Chapter 504A of the 1995 Code of Iowa.

**ARTICLE II
REGISTERED OFFICE**

The initial registered office of the corporation is 1100 N. Hickory, Suite 105, Des Moines, Polk County, Iowa and the initial registered agent at said office is Sherry Vanderploeg.

**ARTICLE III
DURATION**

The term of the corporation existence shall be perpetual.

ARTICLE IV PURPOSE

The corporation is organized exclusively for the purpose of carrying on charitable and educational activities within the meaning of Section 501(c)(4) of the Internal Revenue Code of 1986. Activities of the corporation shall be for the following purposes:

1. To identify, develop and support public and legislative policies that will ensure the preservation and strengthening of traditional Judeo-Christian family values;
2. To educate, and promote cooperation among organizations actively working to establish, protect, maintain and educate the public concerning public and legislative policies that foster traditional family values;
3. To assist other charitable and educational organizations in the conduct of similar activities.
4. To establish all departments and activities necessary to carry out the purposes of the corporation, and
5. To engage in any and all lawful activities incidental to the foregoing purposes except as restricted herein.

ARTICLE V NO PRIVATE BENEFIT

No part of the net earnings of the corporation shall inure to the benefit of, or be distributed to its members, if any, directors, officers, or other private persons. The corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof. Notwithstanding any other provision of these Articles of Incorporation, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(4) of the Internal Revenue Code, or any corresponding section of any future federal tax code.

ARTICLE VI DISSOLUTION

Upon dissolution of the corporation, assets shall be distributed for one or more exempt purpose under the meaning of Section 501(c)(4) of the

Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the corporation is then located exclusively for such purposes or to such organization or organizations, as such court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE VII NON STOCK BASIS

The corporation is organized and shall be operated on a non stock basis within the meaning of the Iowa Nonprofit Corporation Act, and shall not have the power to issue shares of any kind or class of stock or other certification or writing evidencing an ownership or proprietary interest in the corporation.

ARTICLE VIII DIRECTORS

There shall be sixteen members of the Initial Board of Directors of the corporation, who shall serve until the first annual meeting of the corporation at which time their successors shall be elected. The number of directors may be increased to not more than twenty at any annual meeting of the board, however there shall always be a minimum of three. Any vacancy created by the death or resignation of a Director shall be filled for the remainder of such term by a vote of the existing directors at their next regular meeting or at a special meeting called for the purpose. The method of election of directors shall be set forth in the by-laws of the corporation.

The names and addresses of the persons who are to serve as directors until the first election are as follows:

Cherny
Eugene Cherny, MD.
500 S. 28th Street
West Des Moines, IA. 50265

Harry W. Elder
6611 NE Rising Sun Road
Des Moines, Iowa 50317

Cherny
Ruth Cherny
500 S. 28th Street
West Des Moines, IA. 50265

Nancy Elder
6611 NE Rising Sun Dr.
Des Moines, Iowa 50317

Dean Lauterbach
910 S. 6th Av. West
Newton, IA. 50208

Judy Lauterbach
910 S. 6th Av. West
Newton, IA. 50208

Randall Taber
1228 W. Washington St.
Winterset, IA. 50273

Gwen Taber
1228 S. Washington St.
Winterset, IA. 50273

Todd Troll, MD.
10008 Tanglewood Dr.
Urbandale, IA. 50322

Mary Troll
10008 Tanglewood Dr.
Urbandale, IA. 50322

Gregory Tucker
9170 NW. 62nd Av.
Johnston, IA. 50131

Sherry Tucker
9170 NW 62nd Av.
Johnston, IA. 50131

Timothy Vanderploeg
1101 Brookview Dr.
Altoona, IA. 50009

Sherry Vanderploeg
1101 Brookview Dr.
Altoona, IA. 50009

Jerry Yonker
12021 NW 54th Av.
Grimes, Iowa 50111

Faye Yonker
12021 NW 54th Av.
Grimes, IA. 50111

- At the first annual meeting of the Board of Directors, the Directors shall be elected by classes, one or more for a one year term, one or more for a two year term, and one or more for a three year term so that as near as possible there shall be an equal number in each class. Thereafter all Directors shall be elected for a three year term.

ARTICLE IX AMENDMENTS

These Articles of Incorporation may be amended at any Annual Meeting of the Directors of the Corporation or at any special meeting of the Directors called for the purpose on such notice as provided by the by-laws.

Executed by the Incorporator at Des Moines, Iowa this 31 day of
Dec, 1997.

Harry W. Elder
Incorporator

State of Iowa
County of Polk, SS

Now on this _____ day of _____, 1997, before the undersigned
appeared Harry W. Elder, who being known to me and who first being
sworn did state that he executed the within document for the purposes
expressed therein and acknowledged the same as his own voluntary act
and deed.

Notary Public for the State of Iowa

Internal Revenue Service
District Director

6. C 2/3/99
Department of the Treasury
P.O. Box 2508 - Room 5106 (EP/EO)
Cincinnati, Ohio 45201

Date: January 12, 1999

Employer Identification Number:
42-1469051

Person to Contact:

Elliot Cho

Contact Telephone Numbers:

513-684-6060 (Phone)

513-684-6082 (FAX)

Response Due Date:

February 2, 1999

Iowa Family Legislative Center, Inc.
Mr. Harry Elder
6611 NE Rising Sun Drive
Des Moines, IA 50317

Dear Sir or Madam:

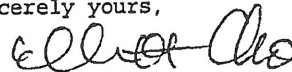
Before we can recognize your organization as being exempt from Federal income tax, we must have enough information to show that you have met all legal requirements. You did not include the information to make that determination on your Form 1024, Application for Recognition of Exemption Under Section 501(a) or for Determination Under Section 120.

To help us determine whether your organization is exempt from Federal income tax, please send us the requested information by the above date. We can then complete our review of your application.

If we do not hear from you within that time, we will assume you do not want us to consider the matter further and will close your case. As a result, the Internal Revenue Service will treat your organization as a taxable entity. If we receive the information after the response due date, we may ask you to send us a new Form 1024.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Elliot Cho
Exempt Organizations Specialist

Letter 1313(DO)

024 0021

Iowa family Legislative Center, Inc.

Note: All information must be submitted over the signature of an officer or authorized representative.

PLEASE ATTACH A COPY OF THIS LETTER TO YOUR CORRESPONDENCE.

1. Submit a copy of your by-laws.

NOTE: If your organization does not have by-laws, submit a statement to that effect signed by one of your principal officers.

2. At the bottom of enclosed page 1 of Form 1024, please have an officer sign, put his/her title and date it.
3. Item 1 on page 2 of Form 1024, you indicated that your organization develops, advocates, and supports legislative agenda at the state level with the ultimate goal of supporting christian family values. Please answer the following questions.
 - a) Please describe what "christian family values" or "other issues" your organization supports on the legislative activities in detail.
 - b) Please list specific examples of the issues.
 - c) And explain how your organization's activities improve social welfare and benefit to the community.
 - d) Please provide any brochure or representative copy on those issues if they are available.
 - e) Please explain how those legislative activities relate to your organization's exempt purposes.
4. Please complete item 3(b) on page 3 of Form 1024.
5. Item 3 on page 8 of Form 1024, is your answer "no" or "yes" ? If your answer is "yes", please explain.

Please address correspondence to:

Internal Revenue Service
EP/EO, P.O. Box 2508
Cincinnati, OH 45201
Attention: Elliot Cho, Room 5106

or fax to: Elliot Cho
(513) 684-6082

024 0022

January 26, 1999

Internal Revenue Service
EP/EO, P.O. Box 2508
Cincinnati, OH 45201
Attention: Elliot Cho, Room 5106

Please find enclosed all answers as requested by your office. We hope that the completion of these questions will suffice the requirements of Form 1024.

Sincerely,

A handwritten signature in cursive script, appearing to read "Harry W. Elder".

Harry W. Elder, Treasurer
Iowa Family Legislative Center

024-0023

Part II. Activities and Operational Information (Must be completed by all applicants)

- 1 Provide a detailed narrative description of all the activities of the organization—past, present and planned. Do not merely refer to or repeat the language in the organizational document. List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

DEVELOP, ADVOCATE, AND SUPPORT LEGISLATIVE AGENDA AT THE STATE LEVEL WITH THE ULTIMATE GOAL OF SUPPORTING CHRISTIAN FAMILY VALUES - 100%. THIS WILL SPECIFICALLY INCLUDE PROPOSING LEGISLATION AT THE STATE LEVEL BY THE LOBBYIST FOR IOWA FAMILY POLICY CENTER WHILE THE IOWA LEGISLATURE IS IN SESSION FROM APPROXIMATELY MID JANUARY TO MID APRIL EACH YEAR. DURING THE REST OF THE YEAR WE WILL BE DEVELOPING THOSE ISSUES IN THE AREA OF PUBLIC EDUCATION AND INFORMATION IN ORDER TO SPECIFICALLY WRITE LEGISLATION TO BE BROUGHT BEFORE THE HOUSE AND SENATE OF THE IOWA LEGISLATURE. THIS WILL BE DONE BY GAINING VIEWS OF THOSE INDIVIDUALS WHO SUPPORT OUR ORGANIZATION.

- a. Christian family values are values by example and scripture (I Timothy 5:4-8 and 6:11). A believer is to care and provide for his family—scripture encourages us to pursue righteousness, godliness, faith, love, endurance and gentleness. We advocate marriage between two people of the opposite sex; we promote and encourage families to remain together through good times . . . and not so good times. We believe gambling is a vice that destroys the family by taking hard worked for money from the support of that family.
- b. We believe marriage should be encouraged and promoted before sex. We will lobby to gain legislation favorable to these and other Christian family values.
- c. Families will be kept in tact with support of the head of the home with favorable tax laws to support families—laws to discourage divorce without counseling or premarital counseling before marriage.
- d. At his present time—no brochures are available.
- e. Without our efforts to promote the family and stand in the gap of unequal representation, the family will continue to battle unfavorable laws, taxes, and demoralizing conditions.

- 2 List the organization's present and future sources of financial support, beginning with the largest source first.

DONATIONS

